

## Alabama Alcoholic Beverage Control Board

Date	Completed:					
Dear	Customer:					
	Name:					
	Email Address:					
	Address Line 1:					
	Address Li	ine 2:				
	City/State/	Zip:				
	Phone:					
	ucts Ordere Quantity	d:	Contain		low listed quantity of wine shipped into Alabama  Product	A 101 I EROONAL GOL GNET.
	Quantity		ttle 🗌	Case	Floduct	
			ttle	Case		
			ottle			
		=	ttle 🗌	Case		
Shin	ning Boint o	f Origin				
Jilip	ping Point o		•. 			
	Seller Name:					
	Email Address: Address Line 1:					
	Address Li	ne I:	1			

You will need to have the shipment freight charges prepaid consigned as follows:

Customer Name:	
c/o ABC District Supervisor:	
ABC Store:	
ABC Store Address:	
City/State/Zip:	

## A copy of this authorization must accompany the shipment.

## NOTE:

Address Line 2: City/State/Zip: Phone:

When shipment is received the **District Supervisor will contact you**. You will need to be prepared to pay the tax assessment before the shipment can be released. Questions need to be directed to our Product Management Division (334-271-3840 ext. 217)

## \*A new form must be completed for each purchase.

Revised 5/2011

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